

**DEPARTMENT OF MENTAL HEALTH/MENTAL RETARDATION SERVICES
DISCLOSURE TRACKING LOG**

Division _____

CONSUMER NAME: _____

MEDICAL RECORD NUMBER: _____

| Date Received | Name of Requestor* | Address* if known | Authorization or Written Request | Purpose* | PHI Disclosed * | Date Disclosed * | Disclosed by | Disclosed to: | Address | Amount Billed | Amt. Received | Date Received |
|---------------|--------------------|-------------------|----------------------------------|----------|-----------------|------------------|--------------|---------------|---------|---------------|---------------|---------------|
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* Fields required by HIPAA privacy standards.

REQUESTS FOR ACCOUNTING OF DISCLOSURES:

| Requested by (Patient/Legal Rep) | Date Requested | Date Range Requested | Staff Completing Request | Date Provided |
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(Use this section to document accounting requests when a copy of this disclosure log is provided to the individual)

Key:

Date received: the date request is received to disclose or release information when applicable

Name of requester: name of entity or person requesting information to be disclosed or released

Address: if known, the address of the entity or person requesting information to be disclosed or released

Authorization or written request: identify if there is a written request or authorization. If not, indicate how request was received (i.e. verbal)

Purpose: brief description of the purpose of the disclosure to reasonably inform the individual of the basis of the disclosure. If documented on authorization or written request, state "see authorization/written request"

PHI disclosed: brief description of the information disclosed/released

Date disclosed: date the information was released or disclosed

Sent by: staff member processing the request and disclosing the information

Disclosed to: name of entity to whom information was disclosed

Address: Address of entity to whom information was disclosed

Amount billed: if applicable, the copy fee charged for records released

Amount received: copy fee received

Date received: date the fee was received

